## 2014 California Resident Income Tax Return

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77	v	_	

Your first name		Initial Last name		Suffix	Your SSN or ITIN	_
						Α
If joint tax return, spo	ouse's/RDP's first name	Initial Last name		Suffix	Spouse's/RDP's SSN or ITIN	R
Additional information	n (See instructions)					
						D
Street address (Num	ber and street) or PO Bo	X .		Apt. no/Ste. r	no. PMB/Private Mailbox	۲
City (If you have a for	reign address, see instru	ctions )		State	ZIP Code	
ony (ii you navo a ioi	reign daarees, eee mena	out				
Foreign Country Nan	ne	For	reign Province/State/County		Foreign Postal Code	
Date Your	DOB (mm/dd/yyyy)		Spouse's/RI	DP's DOB (mm	n/dd/vyyy)	_
of Birth ●			•		,,,,,	
						_
1 1101	u filed your 2013 ta	x return under a differe	ent last name, write the last	-	m the 2013 tax return.	
Name Taxpa	ayer		Spouse/RDP			
•			•			
Check only one.	<ul> <li>Single</li> <li>Married/F</li> <li>Head of h</li> <li>Qualifying</li> </ul>	RDP filing jointly (even lousehold. STOP! See g widow(er) with deper	if only one spouse/RDP had instructions. ndent child. Year spouse/RD from your federal filing state	P died.	ox here	
Exemptions  6 If another person can claim you (or your spouse/RDP) as a dependent on his or her tax return, even if he or she chooses not to, you <b>must</b> see the instructions						_
	7 Senior: If you	(or your spouse/RDP)	) are 65 or older, enter 1; if I	ooth are 65 or	older, enter 2 ● <b>7</b>	
	8 Denendents:	(Do not include vours	elf or your spouse/RDP) En	ter number of	denendents here 8	
	First name	(Do not molado yours	Last name	tor number of	Dependent's relationship	
•			•		to you	
[			] [			_ _
]						_
			•			

Your name:		Your SSN or ITIN:	
Taxable Income and			Whole dollars only
Credits	9	Total wages (federal Form W-2, box 16). See instructions	- 00
	10	Total interest income (Form 1099-INT, box 1). See instructions • 10	00
	11	Total dividend income (Form 1099-DIV, box 1a). See instructions ● 11	00
	12	Total pension income See instructions. Taxable amount • 12	00
Enclose, but do not staple, any payment.	13	Total capital gains distributions from mutual funds (Form 1099-DIV, box 2a).  See instructions	00
. ,	14	Unemployment compensation	
	15	U.S. social security or railroad retirement benefits   15	
	16	Add line 9, line 10, line 11, line 12, and line 13. <b>Do not include</b> line 14 and line 15	. 00
	17	Using the 2EZ Table for your filing status, enter the tax for the amount on line 16.  Caution: If you checked the box on line 6, STOP. See instructions for completing the Dependent Tax Worksheet	. 00
	18	Senior exemption: See instructions. If you are 65 or older and entered 1 in the box on line 7, enter \$108. If you entered 2 in the box on line 7, enter \$216 • 18	00
	19	Nonrefundable renter's credit. See instructions	_ 00
	20	<b>Credits.</b> Add line 18 and line 19	_ 00
	21	Tax. Subtract line 20 from line 17. If zero or less, enter -0 ● 21	
Overpaid Tax/ Tax Due.	22	Total tax withheld (federal Form W-2, box 17 or Form 1099-R, box 12)	00
		Overpaid tax. If line 22 is more than line 21, subtract line 21 from line 22 • 23  Tax due. If line 22 is less than line 21, subtract line 22 from line 21.  See instructions • 24	00

This space reserved for 2D barcode

Your	name:				Your SSN or ITIN:					
Use	Tax 2	<b>!5</b> Use ta	x. <b>This is not a</b>	total line. See	e instructions			• 25	,	_ 00
Volu	ıntary Cont	ributions	3							
							<u>Code</u>	Amount		
	California Se	niors Spec	ial Fund. See ins	structions			• 400			00
	Alzheimer's [	)isease/Re	lated Disorders	Fund			• 401			_ 00
	Rare and End	langered S	pecies Preserva	tion Program			• 403			_ 00
	California Bre	ast Cance	r Research Fund	d			• 405			_ 00
	California Fir	efighters' N	Memorial Fund.				● 406			_ 00
	Emergency F	ood for Fa	milies Fund				• 407			00
	California Pe	ace Officer	Memorial Foun	dation Fund			• 408			00
	California Se	a Otter Fun	d				• 410			00
	California Ca	ncer Resea	rch Fund				• 413			00
	Child Victims	of Human	Trafficking Fun	d			● 419			00
	School Supp	lies for Ho	meless Children	Fund			• 422			00
	State Parks F	rotection I	Fund/Parks Pass	s Purchase			• 423			00
	Protect Our (	Coast and (	Oceans Fund				• 424			00
	Keep Arts in	Schools Fu	ınd				• 425			
	American Re	d Cross, C	alifornia Chapte	rs Fund			● 426			00
	California Se	nior Legisla	ature Fund				● 427			00
	Habitat for H	umanity Fu	ınd				• 428			00
	California Se	kual Violen	ce Victim Servi	ces Fund			• 429			00
<b>26</b> /	Add amounts	in code 40	0 through code	429. These are	e your total contribu	tions	• 26			<b>.</b> 00

Your name:	ne: Your SSN or ITIN:					
Amount You Owe	27 AMOUNT YOU OWE. Add line 24, line 25, and line 26. If line 23 is less than line 25 and line 26, enter the difference here. See instructions. Do Not Send Cash. Mail to:  FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001 • 27  Pay online – Go to ftb.ca.gov for more information.	. 00				
Direct Deposit (Refund Only)		. 00				
	Fill in the information to authorize direct deposit of your refund into one or two accounts. <b>Do not</b> attach a voided check or a deposit slip. <b>Have you verified the routing and account numbers?</b> Use whole dollars only.					
	All or the following amount of my refund (line 28) is authorized for direct deposit into the account shown below:					
	● Type					
	● Routing number	29 Direct deposit amount				
	Savings Savings					
	The remaining amount of my refund (line 28) is authorized for direct deposit into the account shown below:					
	● Type					
	● Routing number	30 Direct deposit amount				
	Savings	_ 00				
Under penal	enalties of perjury, I declare that, to the best of my knowledge and belief, the information on this return is true,	correct, and complete.				
Your signature	ture Date Spouse's/RDP's signature (if a joint ta	x return, both must sign)				
Χ						
	Your email address (optional). Enter only one email address.  Daytime phone r	number (optional)				
Sign						
Here	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)					
It is unlawful						
to forge a spouse's/RDF	RDP's Firm's name (or yours, if self-employed)					
signature.						
Joint tax returned See instruction						
	Do you want to allow another person to discuss this tax return with us? See instructions • • • • You	es No				
	Print Third Party Designee's Name  Telephone Nur					